



FORM FOR DISCLOSING EXPENSES FOR MEMBERS WHO RECEIVE COMPENSATION FOR PRACTICING MEDICINE*

WHO MUST FILE: In general, under House Rules and Committee policy, a Member may not receive compensation to practice medicine, but does not violate the prohibition by receiving payment that does not exceed the actual and necessary expenses incurred by the Member during a calendar year in connection with the practice. Any Member of the House of Representatives who receives compensation under the limited exception for Members who practice medicine pursuant to House Rule 25, clause 2, and the Committee on Standards of Official Conduct Advisory Memorandum of February 23, 1998, must file this form.

WHERE TO FILE: The original signed form must be filed with the Committee’s office in 1015 Longworth (either in person or through U.S./Inside Mail) or by email at ethicscommittee@mail.house.gov on or before May 15 of each calendar year. The period covered by this form is the previous calendar year.

1. Member’s Name: _____

2. Did you practice medicine in calendar year 2020? YES NO (if YES, continue with lines 3 through 6. If NO, proceed to line 6.)

3. Did you receive compensation for providing medical services in the last calendar year? YES NO (if YES, continue with lines 4 through 6. If NO, proceed to line 6.)

4. Total amount of all compensation received for providing medical services in the last calendar year: _____

5. List the dollar value of any expenses attributable to your practice in the last calendar year for the following categories:

Table with 3 columns: Category, Amount, Description of Expenses. Rows include Medical Malpractice Insurance Premiums, Medical Professional Expenses, Medical Office Expenses, Other (please specify), and TOTAL.

- “Professional Expenses” include costs to maintain medical license, dues and membership in professional associations or societies, subscriptions to medical publications, and continuing medical education.
• “Office Expenses” include rent, utilities, equipment, supplies, and salaries of support personnel.

6. Signature: _____ Date: _____

If you have any questions regarding this reporting requirement or completing this form please contact the Committee at 5-7103.

* For purposes of this form, “medicine” and “medical” include medical, dental, and/or veterinarian services. Form revised as of 1/2021